(ख) इन कार्यक्रमों के संबंध में कितनी-कितनी धनराशि किन-किन राज्यों को कब से देय है; और

(ग) संबंधित राज्यों को देय राशि का भुगतान कब तक कर देने की संभावना है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द) : (क) राष्ट्रीय मलेरिया उन्मूलन कार्यक्रम के अन्तर्गत प्रतिपूर्ति/वसूलियां 50:50 के आधार पर की जानी होती है । तथापि, अन्य राष्ट्रीय स्वास्थ्य कार्यक्रमों के संबंध में केन्द्रीय आवंटन से अधिक हुए खर्च की राज्यों को प्रतिपूर्ति नहीं की जाती है ।

(ख) और (ग) राष्ट्रीय मलेरिया उन्मूलन कार्यक्रम के अन्तर्गत बकाया/वसूल की जाने वाली धनराशियों के ब्यौरे का परिकलन राज्य सरकारों द्वारा महालेखाकार के कार्यालय से अनुमोदित मदों पर व्यय के समाधान हुए आंकड़ों पर निर्भर करता है ।

Cases of Leprosy in Gujarat

4675. SHRIMATI URMILABEN CHIMANBHAI PATEL : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the number and details of men and women, in percentage in rural and urban areas in Gujarat State who are effected with leprosy ;

(b) the details of programmes being run to prevent leprosy in the State under the National Leprosy Eradication Programme ;

(c) whether patients are given free medicines by the leprosy eradication centres ; and

(d) if so, what are the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) Gujarat has 17,131 leprosy cases on record of the end of March, 1994, of which 57% are male patients. About 13% of the patients are living in the urban areas.

(b) National Leprosy Eradication Programme is implemented as 100% centrally sponsored scheme in the State of Gujarat. Out of 19 districts, 6 are endemic for leprosy. All these endemic districts have been brought under Multi Drug Treatment services.

The State has also been advised to register District Leprosy Societies in the remaining 13 low endemic districts so that necessary funds could be released for implementing MDT services.

(c) and (d) Yes, Sir, Three anti-leprosy drugs, viz., Rifampicine, Clofazimine and Dapsone are spplied free to the State.

Vacant posts in CGHS (UNANI)

4676. MAULANA OBAIDULLAH KHAN AZMI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the number of posts of MO, SMO, CMO, in C.G.H.S. (Unani) which are vacant till date and from what date they are lying vacant ; and

(b) what action Government have so far taken to recruit/promote or post new staff/doctors against these vacant posts ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) Out of 18 sanctioned posts of MO/SMO/CMO in C.G.H.S. (UNANI), 17 are filled. Against the remaining one post of Medical Officer vacant since 1985, one Medical Officer recommended by Union Public Service Commission has been asked to report for duty.

Promotion of Non-Medical Scientists

4677. DR. BAPU KALDATE : Will the Minister of HEALTH AND FAMILY WELLFARE be pleased to state :

(a) whether it is a fact that in accordance with the Supreme Court Judgement

a total of 243 non-medical scientists working in the Ministry/DGHS are to be given time-bound promotion and other allowances ;

(b) if so, the number of non-medical scientists who have been promoted so far ;

(c) whether it is also a fact that Government have agreed to give in-situ promotion to the officers having Ph.D. in Sociology and MPH ;

(d) if so, whether these officers have been promoted stating the date of their promotion ; and

(e) if the answer to part above be in the negative, what are the reasons therefor ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) The benefit of time-bound in-situ promotions is to be given to all eligible incumbents of the non-medical Scientists/Technical posts covered by the Minister of Health (Group 'A' Gazetted Non-Medical Scientific and Technical posts) in-situ promotions Rules, 1990.

(b) 75 non-medical scientists have been promoted till date.

(c) to (e) The cases are decided according to the In-situ Promotion Rules, on a case to case basis in consultation with Union Public Service Commission.

Child Mortality

4678. SYED SIBTEY RAZI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware that nearly half of the World's child mortality is contributed by five Asia-Pacific region countries led by India

(b) whether it is a fact that the deaths of over 32 children per 1000 take place in India ;

(c) if so, what are the reasons therefor ;

(d) whether this high rate of child mortality in the country in some States is due to ignorance, illiteracy, poverty and lack of health facilities ;

(e) if so, what are the details thereof with names of these States ;

(f) whether Government propose to take some measures to check this high rate of child mortality in future ; and

(g) if so, the details thereof and if not, the reasons therefor ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) According to UNICEF, it is true that half of the World's Child Mortality is contributed by five Asia-Pacific region countries. As per SRS the estimated child mortality in India in 1991 was 26.5 per thousand children in the age group 0—4 years.

(c) and (d) Disease, lack of infrastructure, poverty and mal-nutrition are the main reasons for the high levels of child mortality.

(e) The estimated child mortality rates for India and major States for the year 1991 is given in statement enclosed (see below).

(f) and (g) Immunization, management of diarrhoea and pneumonia, prophylaxis of anaemia and Vitamin A deficiency, iodine deficiency control programme, promotion of breastfeeding, supplementary nutrition programmes, birth spacing and strengthening of antenatal and postnatal care are being implemented to reduce mortality rates in children.